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UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Applicant (or identifier): BANDYOPADHYAY ET AL.

Title: PARENTERAL FORMULATION FOR EPOTHILONE ANALOGS

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 26 pages
2. ☐ Drawings - sheets
3. ☒ Unexecuted Declaration and Power of Attorney (original or copy)
4. ☐ Microfiche Computer Program (appendix)
5. ☐ Nucleotide and/or Amino Acid Sequence Submission
 - ☐ Computer Readable Copy
 - ☐ Paper Copy
 - ☐ Statement Verifying Identity of Above Copies
6. ☐ Preliminary Amendment
7. ☐ Assignment Papers (Cover Sheet & Document(s))
8. ☐ English Translation of
9. ☐ Information Disclosure Statement
10. ☐ Certified Copy of Priority Document(s)
11. ☒ Return Receipt Postcard
12. ☐ Other:

Filing fee calculation:

- ☐ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
☐ Before calculating the filing fee, please cancel claims _____.

Basic Filing Fee								\$	740
Multiple Dependent Claim Fee (\$ 280)								\$	
Foreign Language Surcharge (\$ 130)								\$	
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	29	-20	9	x	\$ 18	=	\$ 162	
	Independent Claims	5	-3	2	x	\$ 84	=	\$ 168	
TOTAL FILING FEE								\$	1070

- ☒ Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$1070. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Please address all correspondence to the address associated with Customer No. 23914, which is currently:

Stephen B. Davis
Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (609) 252-4526.

Respectfully submitted,



Date: Jan. 17, 2002

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